

FACT SHEET: The Medicare You Can Opt Into Act

While the Affordable Care Act has achieved a historic reduction in the uninsurance rate, too many Americans still lack access to competition and choice when making health care coverage decisions. In most of America, just one or two insurers dominate the individual insurance market, denying consumers real options and creating monopolies that allow companies to saddle consumers with higher premiums and deductibles. And this problem could get worse: if right-wing efforts to sabotage the Affordable Care Act continue, health industry experts predict that insurance companies might react to ongoing uncertainty with dramatic rate hikes or even by leaving the individual market.

To provide competition and choice, the Medicare You Can Opt Into Act would leverage an existing program, Medicare, that already has a nationwide network of doctors, providers, and hospitals, achieves strong consumer satisfaction, and only spends 2% on overhead (private insurance companies can spend up to 20%). By opening up the Medicare program to any American who wants to buy in, consumers would not only reap the benefits of competition in the form of lower premiums and deductibles, but would also for the first time be guaranteed the option to choose a public plan instead of a privately owned insurance product.

H.R. 2065, THE MEDICARE YOU CAN OPT INTO ACT of 2017

The Medicare You Can Opt Into Act would increase competition, choice, efficiency, transparency, and affordability in the insurance market by:

- Providing the option for American citizens and permanent residents under the age of 65 to opt into Medicare instead of a private insurance plan.
- Allowing opt-ins to Parts A and B, as well as Part D's prescription drug program.
- Empowering the Secretary of Health and Human Services to set affordable premium rates at or below estimated costs based on actuarial data.
- Ensuring that employers whose employees opt in to Medicare would not be penalized under the Affordable Care Act's employer shared responsibility provisions.
- Allowing visits to both public and private health providers, like in traditional Medicare (but unlike what has been proposed in other Medicare for All plans).

While the bill has not yet been scored by the Congressional Budget Office, the Secretary of HHS would have the option to set premiums at cost, meaning the bill would pay for itself.